

# SERVICEMEMBERS' GROUP LIFE INSURANCE TRAUMATIC INJURY PROTECTION PROGRAM (TSGLI)

Administered by the Office of Servicemembers' Group Life Insurance

## **Application for TSGLI Benefits**

Please submit your completed claim to your branch of service below.

		TSGLI Branch of Se	rvice Contacts	
Branch	Contact Information	Submit Claim by Fax	Submit Claim by E-mail	Submit Claim by Postal Mail
Army All Components	Phone: (800) 237-1336 Website: www.hrc.army.mil/TAGD/TSGLI	(502) 613-4513	usarmy.knox.hrc.mbx.tagd-tsgli-claims @mail.mil	US Army Human Resources Command 1600 Spearhead Division Avenue, Dept 420 PDR-C (TSGLI) Fort Knox, KY 40122-5402
Marine Corps All Components	Phone: (877) 216-0825 or (703) 432-9277 Website: www.woundedwarriorregiment.org	(800) 770-9968	t-sgli@usmc.mil	HQ, Marine Corps Attn: WWR-TSGLI 1998 Hill Avenue Quantico, VA 22134
<b>Navy</b> All Components	Phone: (866) 827-5672 (option 2) Website: www.public.navy.mil/bupers- npc/support/casualty/Pages/TSGLI.aspx	(901) 874-2265	MILL_TSGLI@navy.mil	Commander, Navy Personnel Command Attn: PERS-13 5720 Integrity Drive Millington, TN 38055-1300
Air Force Active Duty	Phone: (800) 433-0048	(210) 565-6271	afpc.casualty@us.af.mil	AFPC/DPFCS 550 C Street West Joint Base San Antonio-Randolph, TX 78150
Air Force Reserves	Phone: (800) 525-0102	(720) 847-3887	casualty.arpc1@us.af.mil	HQ, ARPC/DPTTB Building 390 MS68 18420 E. Silver Creek Ave. Buckley AFB, CO 80011
Air National Guard	Phone: (240) 612-9173 or (240) 612-9072		usaf.jbanafw.ngb-a1.mbx. a1ps@mail.mil	NGB/A1PS, TSGLI Program Manager 3500 Fetchet Ave. 2nd Floor Joint Base Andrews, MD 20762-5157
Coast Guard	Phone: (202) 795-6647 Website: www.uscg.mil/psc/psd/fs/TSGLI.asp	(202) 372-8488/8323	PF-CGPSC-PSDFS- COMPENSATION@uscg.mil	Commander (CG) Personnel Service Center (PSC) Attn: Casualty Chief, PSC-PSD-FS-Casualty U.S. Coast Guard STOP 7200 2700 Martin Luther King Jr Ave SE Washington, DC 20593-7200
Public Health Service	Phone: (301) 427-3280	(301) 427-3431 or (301) 427-3432	compensationbranch@psc.hhs.gov	PHS Compensation Branch 8455 Colesville Rd, Rm 935 Silver Spring, MD 20910
NOAA Corps	Phone: (301) 713-3444	(301) 713-4140	Director.cpc@noaa.gov	U.S. Dept. of Commerce NOAA/OMAO/CPC 8403 Colesville Rd, Suite 500 Silver Spring, MD 20910



## **GENERAL INFORMATION**

The Servicemembers' Group Life Insurance Traumatic Injury Protection (TSGLI) program provides for payment to service members who are severely injured (on or off duty) as the result of a traumatic event and suffer a loss that qualifies for payment under TSGLI. TSGLI is designed to help traumatically injured service members and their families with financial burdens associated with recovering from a severe injury. TSGLI payments range from \$25,000 to \$100,000 based on the qualifying loss suffered.

### WHO IS ELIGIBLE?

Effective December 1, 2005, all service members who are insured under SGLI and ...

- experience a traumatic event
- that results in a traumatic injury
- which is listed as a qualifying loss

are eligible to receive a TSGLI payment. Service members who were severely injured between October 7, 2001 and November 30, 2005 may also be eligible for a TSGLI payment, regardless of where their injury occurred or whether they had SGLI coverage at the time of their injury. Members should contact their branch of service for more information.

#### What is a Traumatic Event?

A traumatic event is the application of external force, violence, chemical, biological, or radiological weapons, accidental ingestion of a contaminated substance, or exposure to the elements that causes damage to your body.

## What is a Traumatic Injury?

A traumatic injury is the physical damage to your body that results from a traumatic event.

## What is a Qualifying Loss?

A qualifying loss is a traumatic injury that is listed on the TSGLI Schedule of Losses, which lists all covered losses and payment amounts. You may view the complete Schedule of Losses and other TSGLI information at <a href="http://www.benefits.va.gov/insurance/tsgli\_schedule\_Schedule.asp">http://www.benefits.va.gov/insurance/tsgli\_schedule\_Schedule.asp</a>. Your branch of service TSGLI office will determine whether your injury is a qualifying loss for TSGLI purposes.

#### **HOW TO FILE A TSGLI CLAIM**

Filing a TSGLI claim is a three-step process in which the service member [or guardian, power of attorney or military trustee] and a medical professional must complete and submit the appropriate parts of the TSGLI Claim Form as follows:

Step 1	Step 2	Step 3
The service member [or guardian, power of attorney or military trustee]	The medical professional	The medical professional OR the service member [or guardian, power of attorney or military trustee]
must complete Part A (pages 3 through 7) of the form and give it to a medical professional to complete Part B. Note: If a guardian or power of attorney completes Part A, they must include copies of letters of guardianship, letters of conservatorship, power of attorney, or durable power of attorney (if appropriate).	must complete Part B.	must forward Parts A & B, along with medical records that document the member's injury and resulting loss, to the member's branch of service TSGLI office listed on the front cover of this form.

## COMPLETING THE FORM

Instructions on completing the TSGLI Claim Form are included in each section. When completing the form, the service member, guardian, power of attorney or military trustee **must** complete the service member's Social Security number on each page of the form. If you have questions about completing the form or if the member is deceased, please contact the branch of service TSGLI office listed on the front cover of this form.

## **CLAIM DECISION AND PAYMENT**

## Who Makes the Decision on My Claim?

Your branch of service TSGLI office will make the decision on your claim based upon the information in Parts A and B of the TSGLI Claim Form and any supporting medical documentation you provide. They will then forward their decision to the Office of Servicemembers' Group Life Insurance (OSGLI) for appropriate action.

GL.2005.261 Ed. 10/2016

## Who Will Receive the TSGLI Payment?

Payment will be made directly to the member. If the member is incompetent, payment will be made under the appropriate letters of guardianship/conservatorship or a power of attorney to the guardian, power of attorney or military trustee on the member's behalf. If the member dies after qualifying for payment, the payment will be made to the member's current listed SGLI beneficiary(ies). The member must survive for seven days (168 hours) from the date of the traumatic event to be eliqible for TSGLI.

## How the TSGLI Payment Will be Made?

If your branch of service TSGLI office approves your claim, OSGLI will make the TSGLI benefit payment. There are three payment methods used for TSGLI benefits: Prudential's Alliance Account®\*, Electronic Funds Transfer (EFT), or check. If you do not choose a payment option, OSGLI will make the payment through Prudential's Alliance Account®.

## 1. Prudential's Alliance Account®\* —

- 1) The funds in an Alliance Account begin earning interest immediately and will continue to earn interest until all funds are withdrawn. Interest is accrued daily, compounded daily and credited every month. The interest rate may change and will vary over time subject to a minimum rate that will not change more than once every 90 days. You will be advised in advance of any change to the minimum interest rate via your quarterly Alliance Account statement or by calling Customer Support at (877) 255-4262.
- 2) The interest rate credited to the Alliance Account is adjusted by Prudential at its discretion based on variable economic factors (including, but not limited to, prevailing market rates for short term demand deposit accounts, bank money market rates and Federal Reserve Interest rates) and may be more or less than the rate Prudential earns on the funds in the account.
- 3) An Alliance Account is an interest bearing draft account established in the beneficiary's name with a draft book. The beneficiary can write drafts for any amount up to the full amount of the proceeds. There are no monthly service fees or per draft charges and additional drafts can be ordered at no cost, but fees apply for some special services including returned drafts, stop payment orders and copies of statements/drafts.
- 4) The funds in your Alliance Account are available immediately. Use the drafts to access the account anytime you wish. You can write a draft to yourself (which you can cash or deposit at your own bank) or write a draft to another person or to any business as you need your funds.
- 5) Alliance Account funds are part of Prudential's General Account and are backed by the financial strength of The Prudential Insurance Company of America which has been in business and serving its customers for over 130 years. The Alliance Account is not a bank account or a bank product, and therefore, is not FDIC insured.
- 6) Accountholders cannot make deposits into an Alliance Account. Only eligible payments from other Prudential insurance policies or contracts may be added to the Alliance Account.

**Note:** A service member's legal guardian, military trustee, or power of attorney (POA) may choose the Alliance Account payment option as long as they submit proof of that appointment (i.e. the appropriate documentation) with the claim. The guardian, military trustee, or POA will not have their name added to the account, but will be able to sign Alliance Account drafts on behalf of the member.

- 2. **Electronic Funds Transfer (EFT)** Your bank account will be electronically credited with the TSGLI payment amount. Depending on your bank, payments will be credited three to five days from the date the payment is authorized.
- 3. Check Payment A check will be issued to the service member, guardian, power of attorney or military trustee on behalf of the member.

<sup>\*</sup> The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). The Bank of New York Mellon is not a Prudential Financial company.



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Service member Information	Service member	er's First Na	ame		<del>                                      </del>		1	MI	Se	rvice m	ember's	Last	Nam	ne T	$\overline{}$				$\top$
The service member,					$\perp \perp$														$\perp$
guardian, power of attorney or military trustee MUST fill	Date of Birth (N	MM DD YYYY)			G [	ender ] Male ] Fema		M	larital S Marr		☐ Div	orced		□ s	ingle	[	□w	idowed	d
in member's Social	Branch of Servi	ice at time	of injury			1 eilla	ie				Rank	/Grac	le						
Security number at the top of each page.	Army Navy	PHS Air Fo	rce [	Mari NOA		☐ Co	ast Gu	ıard											$\prod$
Important Note: Contact information	Address of Rec	ord (numb	er and stre	eet)					Apt.	(if any)		Tele	phon	e Nun	nber				_
must be completed.																			
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your claim.																			
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Military Trustee Information  Important Note: Please include copies of the letters of guardianship, conservatorship, or	City		and stree	t)						ZIF	<sup>o</sup> Code	A	partn		r any)				
Military Trustee Information  Important Note: Please include copies of the letters of guardianship,			and stree	t)					umber	ZIF	Code		partm		r any)				
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Military Trustee Information  Important Note: Please include copies of the letters of guardianship, conservatorship, or Power of Attorney, etc. with this form. Failure to include this documentation will delay processing of the claim.  Traumatic	City Telephone Num	nber	for TSGI	.I Payn				Fax N											
Military Trustee Information Important Note: Please include copies of the letters of guardianship, conservatorship, or Power of Attorney, etc. with this form. Failure to include this documentation will delay processing of the claim.	City Telephone Num	nber Cualify alify for tl	for TSGIne TSGLI	.I Payn	you mu			Fax N	a trau								umati	c inju	ıry
Military Trustee Information  Important Note: Please include copies of the letters of guardianship, conservatorship, or Power of Attorney, etc. with this form. Failure to include this documentation will delay processing of the claim.  Traumatic Injury	City Telephone Num Injuries that	aber  Cualify alify for the as a qual	for TSGI ne TSGI ifying lo	I Payn benefit, ss on the ic even	you mune TSGL	I Sched	ule of	Fax N rienced Losses	a <b>trau</b>	umatic e, viole	ence, cl	t tha	tt res	ulted	in a	trau or ra	ndiolo	gical	

\* 8 7 3 2 6 0 4

e member's Social S	ecurity Number		
raumatic	Information About Your Loss		
njury nformation	Is the loss you are claiming the result of any of the following:  a. an intentionally self-inflicted injury or an attempt to inflict such injury?	Yes	□No
	b. use of an illegal or controlled substance that was not administered or consumed on the advice of a medical doctor?	Yes	□No
	c. the medical or surgical treatment of an illness or disease?	☐ Yes	☐ No
	d. a traumatic injury sustained while committing or attempting to commit a felony?		□ No
	e. a physical or mental illness or disease (not including illness or disease caused by a wound infection, a chemical, biological, or radiological weapon, or the accidental ingestion of a contaminated substance)?	☐ Yes	□No
	<b>If you answered yes</b> to any of the questions above, you are not eligible for a TSGLI payment and should not file a claim.		
	<b>If you are not sure</b> whether your loss is a result of one of the items above, please contact your Branch of Service TSGLI if you are eligible.	Office to fin	d out
	In the box below, please describe your injury and give the date, time and location where it occurred.  medical records with this claim that document your injuries and resulting loss. (See Part I  Traumatic Injury Information		
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Payment	Please choose one of the three payment options below:
Options	Payment Option 1 - Prudential's Alliance Account®
lease choose one	Complete the mailing address below (street address only, no PO boxes.)
of the three payment options by checking	
he appropriate box	Service member's Mailing Address for Payment - No P.O. Boxes  Apartment, Ward or Room (if any)
ind filling in the	
equested information.	City State ZIP Code
Payment Option 1	
Prudential's	
Alliance Account on interest-bearing	
ccount will be	Payment Option 2 - Electronic Funds Transfer (EFT)
stablished in the	To have the payment made by EFT, fill in your banking information below.
ame of the member,	Bank Routing Number Bank Account Number
who can access the noney using the draft	Checking
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ervice member's ank account. Payment Option 3 – Check A check will be	Payment Option 3 - Check
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ervice member's pank account.  Payment Option 3 — Check a check will be ssued to the service member, guardian, power of attorney or military trustee on	Payment Option 3 - Check Important: If you are a guardian, power of attorney or military trustee you must complete the information below
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Payment Option 3 – Check A check will be ssued to the service nember, guardian, power of attorney or military trustee on behalf of the service	Payment Option 3 - Check Important: If you are a guardian, power of attorney or military trustee you must complete the information below when requesting a check.  Mailing Address for Payment - No P.O. Boxes  Apartment (if any)
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Payment Option 3 – Check A check will be ssued to the service nember, guardian, power of attorney or military trustee on behalf of the service	Payment Option 3 - Check Important: If you are a guardian, power of attorney or military trustee you must complete the information below when requesting a check.  Mailing Address for Payment - No P.O. Boxes  Apartment (if any)
service member's pank account.  Payment Option 3 – Check A check will be ssued to the service member, guardian, power of attorney or military trustee on pehalf of the service	Payment Option 3 - Check Important: If you are a guardian, power of attorney or military trustee you must complete the information below when requesting a check.  Mailing Address for Payment - No P.O. Boxes  Apartment (if any)
service member's bank account.  Payment Option 3 — Check A check will be service member, guardian, power of attorney or military trustee on behalf of the service member.	Payment Option 3 - Check Important: If you are a guardian, power of attorney or military trustee you must complete the information below when requesting a check.  Mailing Address for Payment - No P.O. Boxes  City  State  ZIP Code
ervice member's pank account.  Payment Option 3 – Check A check will be assued to the service enember, guardian, power of attorney or military trustee on behalf of the service enember.	Payment Option 3 - Check Important: If you are a guardian, power of attorney or military trustee you must complete the information below when requesting a check.  Mailing Address for Payment - No P.O. Boxes  City  State  ZIP Code  To receive this counseling, check the box below.
ervice member's eank account.  Payment Option 3 — Check A check will be service member, guardian, sower of attorney or military trustee on behalf of the service member.	Payment Option 3 - Check Important: If you are a guardian, power of attorney or military trustee you must complete the information below when requesting a check.  Mailing Address for Payment - No P.O. Boxes  City  State  ZIP Code

\* 8 7 3 2 6 0 6 \*

for TSGLI recipients.

PART A - Member's	Claim Information and Authorization (cont'd) - to be completed by the member, guardian, power	r of attorney or military trustee.
Service member's Social Se	curity Number	
6 Signature	Х	
	Signature of service member, guardian, power of attorney or military trustee Date Signed (MM DD YYYY)	Description of Authority to
	<b>WARNING:</b> Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)	act on behalf of the member (Guardian, POA, etc.)

Description of Authority: If the guardian, power of attorney or military trustee completes this section, they must also indicate their authority to act on behalf of the member (e.g. guardian, conservator, etc.)

# Member must complete and sign the HIPAA release on page 7

	TB - Medical Pro	fessional's Statement - to be completed by a medi of his/her practice.	cal professio	nal who is a licensed	I practitioner of the healing arts			
Servi	ce member's Social Secu	rity Number						
1	Patient	Patient's First Name	MI I	Patient's Last Name				
	Information							
		Date of Injury (MM DD YYYY)						
		If patient is deceased, please provide:						
		Date of Death (MM DD YYYY) Time of Death						
			□ A.M. □ P. M.					
		Cause of Death	☐ F. IVI.					
2								
2	Qualifying Losses Suffered	Inpatient hospitalization is defined as: "Being hospitalized	•	·	•			
	by Patient	<b>Definition of a hospital</b> – A hospital that is accredited as a ho Accreditation of Healthcare Organizations. This includes Comba	t Support Hospi	tals, Air Force Theater Ho	spitals and Navy Hospital Ships.			
	Instructions: Please check the box next to each	Hospital does not include a nursing home. Neither does it include convalescence, rest, nursing care or for the aged; or (2) furnishe or (3) is for residential or domiciliary living; or (4) is mainly a sch	s mainly homeli					
	loss the patient has experienced and fill	Was the member hospitalized as an inpatient for at least 15 con	nsecutive days?	☐ Yes ☐ N	No			
	in any additional	<b>Reason for Inpatient Hospitalization –</b> Please give the predominant reason the patient was hospitalized.						
	information requested. Omitted	☐ Traumatic Brain Injury ☐ Other Traumatic Injury						
	information, such as sight or hearing measurements, will	<b>Longest Period of Inpatient Hospitalization</b> – Please give the patient was hospitalized as an inpatient. The count of consecution to the hospital (if applicable), includes the day of admission, counted the day of discharge.	ive inpatient hos	spitalization days begins v	when the injured member is transported			
	delay processing of the claim.	Date of admittance t	n first hospital	Date of discharge f	rom last hospital			
	Patient's loss MUST				OR Check here if still			
	meet the definition of loss given.				hospitalized			
	or root give	Name and location of hospital (if more than one hospital, lis	t all)					
		Loss of Sight is defined as:	Loss of Sig	ht	Date of onset/loss			
		<ul> <li>Visual acuity in at least one eye of 20/200 or</li> </ul>	Loss	of sight in left eye or				
		less (worse) with corrective lenses OR,		mical loss of left eye				
		<ul> <li>Visual acuity in at least one eye of greater (better) than 20/200 with corrective lenses and a visual field of 20 degrees or less OR,</li> </ul>	└── anato	of sight in right eye or mical loss of right eye				
		<ul> <li>Anatomical loss of eye. Loss of sight must be expected</li> </ul>	Visual Acu	ity and Field	Left Eye Right Eye			
		to be permanent OR must have lasted at least 120 days	Bes	st corrected visual acuity				
				Visual Field (degrees)				
		Loss of Speech is defined as:	Loss of Spo	ech	Date of onset			
		An organic loss of speech (lost the ability to express oneself, both by voice and by whisper, through normal organs for speech). If a member uses an artificial appliance, such as a voice box, to simulate speech, he/she is still considered to have suffered an organic loss of speech and is eligible for a		of speech				



TSGLI benefit.

Qualifying	Loss of hearing is defined as:	Loss of Hearing Date of onset
Losses Suffered by	Average hearing threshold sensitivity for air conduction of at least 80 decibels. Hearing Acuity must be measured at 500 Hz, 1000 Hz and 2000 Hz to calculate the average	Loss of hearing in left ear
Patient (cont'd)	hearing threshold. Loss of hearing must be clinically stable and unlikely to improve.	Loss of hearing in right ear
		<b>Hearing Acuity</b> Left Ear Right Ear
		Average Hearing Acuity (measured without amplification device) db
	Burns are defined as:	Burns
	2nd degree (partial thickness) or worse burns over 20% of the body including the face and head OR 20% of the face only.	2nd degree or worse burns to the body including face and head
	Note: Percentage may be measured using	2nd degree or worse burns to the face only
	the Rule of Nines or any other acceptable alternative.	Percentage of body affected Percentage of face affected %
	Coma is defined as:	Coma
	Coma with brain injury measured at a Glasgow Coma Score of 8 or less that lasts for 15, 30, 60 or 90 consecutive days.	Coma
	Number of days includes the date the coma began and the	Date of onset Date of recovery
	date the member recovered from the coma.	
		<b>OR</b> Check here if coma is ongoing
	Glasgow score at 15 days Glasgow score at 30 days	Glasgow score at 60 days Glasgow score at 90 days
Important:	Facial Reconstruction is defined as:	Facial Reconstruction
Facial Reconstruction:	Reconstructive surgery to correct traumatic avulsions of the face or jaw that cause discontinuity defects, specifically	Upper or lower jaw 50% of left zygomatic
If the patient is	surgery to correct discontinuity loss of the following:	50% of cartilaginous nose 50% of right zygomatic
undergoing facial reconstruction, a	<ul><li>upper or lower jaw</li><li>50% or more of the cartilaginous nose</li></ul>	50% of upper lip 50% of left mandibular
surgeon MUST certify this section	■ 50% or more of the cartilagillous flose ■ 50% or more of the upper or lower lip	50% of lower lip 50% of right mandibular
by checking the box,	■ 30% or more of the periorbital	30% of left periorbital 50% of left infraorbital
printing his/her name and signing on the	<ul> <li>tissue in 50% or more of any of the following facial subunits: forehead, temple, zygomatic, mandibular,</li> </ul>	30% of right periorbital 50% of right infraorbital
appropriate line.	infraorbital or chin.	50% of left temple 50% of chin
		50% of right temple 50% of forehead
	Certification of Surgeon	
	Date of first surgery	Forehea
	Name of Surgeon	- Temple
	Table of Gargoon	
		Periorbi
	X	Zygoma
	Signature of Surgeon	Infraorb Upper li
	Date Signed (MM DD YYYY)	Lower I
		Mandibular

Qualifying .osses	<b>Amputation is:</b> the severance or removal of a limb or genital organ or p traumatic injury, or surgical removal that is required for the treatment of		ding both severance due to a			
Suffered by Patient (cont'd)	Amputation of Hand is defined as:	Amputation of Hand	Date of amputation			
auent (cont u)	Amputation of hand at or above the wrist	Amputation of left hand				
	Above the wrist means closer to the body.					
		Amputation of right hand				
	Amputation of Fingers is defined as:	Amputation of Fingers	Date of amputation			
	Amputation of four fingers on the same hand (not including the thumb) at or above the	Amputation of 4 fingers/ left hand				
	metacarpophalangeal joint OR, Metacarpo-	Amputation of 4 fingers/ right hand				
	the metacarpophalangeal joint.	Amputation of left thumb				
	Above the metacarpophalangeal joint means closer to the body.	Amputation of right thumb				
	Amputation of Foot is defined as:	Amputation of Foot	Date of amputation			
	<ul><li>Amputation of foot at or above the ankle OR,</li></ul>	Amputation of left foot				
	<ul> <li>Amputation of all toes (including the big toe) on the same foot at or above the metatarsophalangeal joint.</li> </ul>	Amputation of right foot				
	Above the ankle and above the metatarsophalangeal joint means closer to the body.					
	Amputation of Toes is defined as:	Amputation of Toes	Date of amputation			
	Amputation of four toes on one foot at or above the metatarsophalangeal joint (not including the big toe)  OR,      Amputation of four toes on one foot at or above the metatarsophalangeal (MTP) joint  Metatarsophalangeal (MTP) joint	Amputation of 4 toes/ left foot				
		Amputation of 4 toes/ right foot				
	Amputation of big toe at or above the metatarsophalangeal joint.	Amputation of big toe/ left foot				
	Above the metatarsophalangeal joint means closer to the body.	Amputation of big toe/ right foot				
mportant:	Limb Salvage is defined as:	Limb Salvage	Date of first surgery			
imb Salvage: the patient is	A series of operations designed to avoid amputation of an arm or a leg while at the same time maximizing the limb's functionality. The surgeries typically involve bone and skin	Salvage of left arm				
ndergoing limb alvage, a surgeon AUST certify this	grafts, bone resection, reconstructive, and plastic surgeries and often occur over a period of months or years.	Salvage of left leg				
ection by printing is/her name and	Submit operative report for each surgery.	Salvage of right arm				
igning on the ppropriate line.		Salvage of right leg				
	Certification of Surgeon	Additional Comments				
	I certify that the patient is undergoing limb salvage surgery as defined in column to the right.	n the				
	Name of Surgeon					
	Specialty					
		Date Signed (MM DD YYY	y)			

PART B - Medical Professional's Statement (cont'd) to be completed by a medical professional who is a licensed practitioner of the

ce member's Social Se			
Qualifying	Paralysis is defined as:	Paralysis	Date of onset
Losses Suffered by Patient (cont'd)	Complete paralysis due to damage to the spinal cord or associated nerves, or to the brain. A limb is defined as an arm or a leg with all its parts. Paralysis must fall into one	Quadriplegia	
r auciii (coiii u/	of the four categories listed below:	Paraplegia	
	Quadriplegia - paralysis of all four limbs	Hemiplegia	
	<ul> <li>Paraplegia - paralysis of both lower limbs</li> <li>Hemiplegia - paralysis of the upper and lower limbs on</li> </ul>	Tiempiegia	
	one side of the body	Uniplegia	
	<ul><li>Uniplegia - paralysis of one limb</li></ul>		
	Anatomical loss of the penis is defined as:	Genitourinary System Losses	
	Amputation of the glans penis or any portion of the shaft of the penis above the glans penis or damage to the glans penis or shaft of the penis that requires reconstructive surgery.	Anatomical loss of the penis	Date of loss or amputation
	Above the glans penis means closer to the body.		
	Permanent loss of use of the penis is defined as:	Permanent loss of use of the penis	Date of loss
	Damage to the glans penis or shaft of the penis that results in complete loss of the ability to perform sexual intercourse that is reasonably certain to continue throughout the lifetime of the member.	use of the perils	
	Anatomical loss of one testicle is defined as:	Anatomical loss of	Date of loss or amputation
	The amputation of, or damage to, one testicle that requires testicular salvage, reconstructive surgery, or both.	one testicle	
	Anatomical loss of both testicle(s) is defined as:	Anatomical loss of both testicles	Date of loss or amputation
	The amputation of, or damage to, both testicles that requires testicular salvage, reconstructive surgery, or both.	Dour testicles	
	Permanent loss of use of both testicles is defined as:	Permanent loss of use of both testicles	Date of loss
	Damage to both testicles resulting in the need for hormonal replacement therapy that is medically required and reasonably certain to continue throughout the lifetime of the member.	— use of both testicles	
	Anatomical loss of the vulva is defined as:	Anatomical loss of	Date of loss or amputation
	The complete or partial amputation of the vulva or damage to the vulva that requires reconstructive surgery.	L the vulva	
	Anatomical loss of the uterus is defined as:  The complete or partial amputation of the uterus or damage to the uterus that requires reconstructive surgery.	Anatomical loss of the uterus	Date of loss or amputation
	Anatomical loss of the vaginal canal is defined as:	Anatomical loss of	Date of loss or amputation
	The complete or partial amputation of the vaginal canal or damage to the vaginal canal that requires reconstructive surgery.	the vaginal canal	
	Permanent loss of use of the vulva is defined as:	Permanent loss of	Date of loss
	Damage to the vulva that results in complete loss of the ability to perform sexual intercourse that is reasonably certain to continue throughout the lifetime of the member.	use of the vulva	
	Permanent loss of use of the vaginal canal is defined as:	Permanent loss of use	Date of loss
	Damage to the vaginal canal that results in complete loss of the ability to perform sexual intercourse that is reasonably certain to continue throughout the lifetime of the member.	of the vaginal canal	

e member's Social Secu	urity Number		
Qualifying	Anatomical loss of the ovary is defined as:	Anatomical loss of one ovary	Date of loss or amputation
Losses Suffered by	The amputation of one ovary or damage to one ovary that requires ovarian salvage, reconstructive surgery, or both.	,	
Patient (cont'd)	Anatomical loss of both ovaries is defined as:	Anatomical loss of	Data of loss or amoutation
,	The amputation of both ovaries or damage to both ovaries that	Anatomical loss of both ovaries	Date of loss or amputation
	requires ovarian salvage, reconstructive surgery, or both.		
	Permanent loss of use of both ovaries is defined as:	Permanent loss of	Date of loss
	Damage to both ovaries resulting in the need for hormonal replacement therapy that is medically required and reasonably certain to continue throughout the lifetime of the member.	use of both ovaries	
	Total and permanent loss of urinary system function	Total and permanent loss of	Date of loss
	is defined as:	urinary system function	
	Damage to the urethra, ureter(s), both kidneys, bladder, or urethral sphincter muscle(s) that requires urinary diversion and/or hemodialysis, either of which is reasonably certain to continue throughout the lifetime of the member.		
Assistance Needed Please provide a description of the injury and descriptions of the assistance needed to perform each ADL. Failure to provide this information may delay	Inability to Independently Perform ADL is defined as: Inability to independently perform at least two of six ADL (bathir for at least 15 consecutive days for traumatic brain injury and at The patient is considered unable to perform an activity independ patient is able to perform the activity by using accommodating e able to independently perform the activity without requiring assi  Requires Assistance is defined as:  physical assistance (hands-on), stand-by assistance (within arm's reach),	least 30 consecutive days for any other tra ently only if he or she <b>REQUIRES</b> assistan quipment, such as a cane, walker, commod	umatic injury.  ce to perform the activity. If the
processing of claim.  What is the predominant reason	<ul> <li>verbal assistance (must be instructed because of cognitive in without which the patient would be INCAPABLE of perform</li> </ul>		
the patient is/was	What is the predominant reason the patient is/was unable	e to independently perform ADL?	
unable to independently	☐ Traumatic Brain Injury ☐ Other Traumatic Injury		
perform ADL?	(Please describe injury and give reason(s) it resulted in inability t	o perform activities of daily living.)	
Check the predominant reason the patient cannot independently perform ADL and describe the injury in			
trie box provided.			
trie box provided.			
trie box provideu.			
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uie box providea.			

	n the scope of his/her practice.	y a medical professional who is a licensed practitioner of the
Qualifying Losses Suffered by Patient (cont'd)  Which ADL is the patient unable to perform? Check each ADL the patient cannot perform; AND; Fill in the dates inability began and ended or indicate inability is ongoing.  Require Assistance is defined as: ■ physical assistance (hands-on), ■ stand-by assistance (within arm's reach), ■ verbal assistance (must be instructed because of cognitive impairment), without which the patient would be INCAPABLE of performing the task.	Inability to Independently Perform Activities of Patient is UNABLE to bathe independently if  He/she requires assistance from another person to bathe (including sponge bath) more than one part of the body or get in or out of the tub or shower.  Describe assistance needed:  Patient is UNABLE to maintain continence independently if  He/she is partially or totally unable to control bowel and bladder function or requires assistance from another person to manage catheter or colostomy bag.  Describe assistance needed:	Unable to bathe independently  Start date  Check here if inability is ongoing  Type of assistance required (check all that apply)  physical assistance (hands-on)  stand-by assistance (within arm's reach)  Unable to maintain continence independently  Start date  End date  OR  Check here if inability is ongoing  Type of assistance required (check all that apply)  physical assistance (hands-on)  verbal assistance (must be instructed because of
	Patient is UNABLE to dress independently if  He/she requires assistance from another person to get and put on clothing, socks or shoes.  Describe assistance needed:	(within arm's reach)    Unable to dress independently   Start date
	Patient is UNABLE to eat independently if  He/she requires assistance from another person to:  get food from plate to mouth OR,  take liquid nourishment from a straw or cup OR, he/she is fed intravenously or by a feeding tube  Describe assistance needed:	Unable to eat independently  Start date  End date  OR Check here if inability is ongoing  Type of assistance required (check all that apply)  physical assistance (hands-on) verbal assistance (must be instructed because of cognitive impairment)

aling arts acting withi	n the scope of his/her practice.		
vice member's Social Secu	ırity Number		
Qualifying Losses	Inability to Independently Perform Activities of Daily Living (ADL) (cont'd)		
Suffered by Patient (cont'd)	Patient is UNABLE to toilet independently if  He/she must use a bedpan or urinal to toilet OR, he/she requires assistance from another person with any of the following: going to and from the toilet, getting on and off the toilet, cleaning self after toileting, getting clothing off and on.  Describe assistance needed:	Unable to toilet independently  Start date  End date  OR Check here if inability is ongoing  Type of assistance required (check all that apply)  physical assistance (hands-on) verbal assistance (must be instructed because of cognitive impairment)	
	Patient is UNABLE to transfer independently if  He/she requires assistance from another person to move into or out of a bed or chair.  Describe assistance needed:	Unable to transfer independently Start date End date OR Check here if inability is ongoing  Type of assistance required (check all that apply) physical assistance (hands-on) verbal assistance (must be instructed because of cognitive impairment) within arm's reach)	
Other Information	To your knowledge, were any of the losses indicated in Pa a. an intentionally self-inflicted injury or an attempt to inflict si b. use of an illegal or controlled substance that was not admin c. the medical or surgical treatment of an illness or disease, d. a physical or mental illness or disease (not including illness weapon, or the accidental ingestion of a contaminated subs  If yes, please explain below:	uch injury, istered or consumed on the advice of a medical doctor, or disease caused by a pyogenic infection, a chemical, biological, or radiological	
Medical Professional's Comments	Use this block to provide any additional information about the pat complete and concise.	ient's injuries. When a narrative description is required, please be	

	<b>rofessional's Statement (cont'd)</b> to be completed by a medical professional who is a licensed practitioner of the nin the scope of his/her practice.			
Service member's Social Sec				
Medical Professional's	Name of Medical Professional  First Name MI Last Name			
Information				
	Medical Professional's Address (number and street)  Suite			
	City State ZIP Code			
	Telephone Number Fax Number			
	E-mail Address			
	Specialty Medical Degree			
Medical Professional's Signature	I have been directly involved in the patient's care for his/her loss			
	I have not treated the patient for his/her loss but I have reviewed the patient's medical records.			
	Is the patient capable of handling his/her own affairs?			
	This Medical Professional's Statement is based upon my examination of the patient, and/or, a review of pertinent medical evidence. I understand the patient and/or I may be asked to provide supporting documentation to validate eligibility under the law.			
	Date (MM DD YYYY)			
	Signature			

**WARNING**: Any intentionally false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)